

ROTHBURY RURAL DISTRICT COUNCILAnnual Report of the Medical Officer of Health
for the Year 1951

Major Browne, Ladies and Gentlemen,

I beg to present my report for the year 1951.

The estimated population of the Rothbury Rural District at the middle of the year under review was 5507 a decrease of 172 compared with 1950. This considerable difference was apparently revealed by the census of 1951, as the drift from rural to urban areas continues.

The number of Births was 175 - 80 males and 95 females. Of these 82 came from other districts, leaving 93 belonging to it. Omitting the babies belonging to other districts the birth rate per 1,000 was 15.6, that for England and Wales being 15.5. There was one still-birth and 4 illegitimate births. One hundred and fifty babies were born at the Cottage Hospital.

The Number of Deaths belonging to the District was 82 - 32 males and 50 females. The rate per 1,000 was 14.8, that for England and Wales 12.5. Included in these are 15 transferred deaths, that is, those which occurred and were registered in other districts. There were two deaths of infants under 1 year of age and one under 4 weeks. There was no maternal death following childbirth and no death from measles or whooping cough. There was no death due to motor vehicle accidents, and none to other accidents, but one to suicide.

Twenty six persons died between the ages of 70 and 80, eighteen between 80 and 90, and two over 90, not quite such a good record as in the previous year.

The greatest number of deaths was registered in February, and the least in September.

The chief causes of Death were:-

Heart and other diseases of the circulatory system 57
Cancer 7, an increase of 2
Pneumonia and Bronchitis 5

Infectious Diseases: Two hundred and ninety two cases were notified during the year - certainly an unwelcome record for this District. Fifty of these were institutional, leaving 242 as our own share. This shows an increase of 101 compared with the year 1950 and was the result of a series of epidemics which I shall review later.

Their classification was as follows:-

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| Dysentery | 80, including 33 Institutional. |
| Whooping Cough | 73 |
| Measles | 73 |
| Pneumonia | 28 |
| Erysipelas | 13 |
| Food Poisoning | 13 including 12 Institutional |
| Scarlet Fever | 10 including 5 Institutional |
| Meningococcal infection | 1 |
| Paratyphoid fever | 1 |

Total 292

Tuberculosis: Only one case was notified during the year.

In 1950 we had 13 notifications and in 1949 only one. This curious incidence during the last 3 years is not easily explained. It is however encouraging to know that statistics of cases notified and deaths in England and Wales show that tuberculosis is steadily declining. This improvement, in my view, is largely due to earlier diagnosis with the aid of X-Ray examinations and earlier admission to the sanatorium. There was one death from the disease in this district. In 1951 and at the end of the year there were 28 cases on my Register.

Water supply and sewerage. The Sanitary Inspector once again kindly sends me a brief report:-

"Water Supplies: All supplies under the direct control of the Council were satisfactory during the year. No major extensions took place other than to serve houses under construction. The Council have instructed their consulting engineers to prepare a scheme embracing as far as possible the whole district, and this is under preparation. No further progress can be reported about the scheme to supply Hepple Village except that all the water main and fittings have been delivered.

Sewerage: The scheme to provide sewers and sewage disposal works for Whittingham was approved in principle by the Ministry of Housing and Local Government but permission to start the work has been deferred on the grounds of capital economy.

No indication has been given when the work may proceed.

A scheme for the Village of Longframlington is under preparation.

Housing: Ten houses only were completed and occupied during the year but 26 were under construction. Three privately built houses were completed. Fourteen applications for assistance under the Housing Act 1949 towards improving dwelling houses were received. Ten of these were approved and the remainder were under consideration by the Ministry at the end of the year."

Commentary: The outstanding feature of this report, is the alarming increase in the number of notifications of infectious diseases. 1951 was a year of epidemics. In January we had a continuation of the Dysentery outbreak of the previous autumn, in May, June, July and August we had a considerable outbreak of Whooping Cough in various places, in October Food Poisoning developed at Silverton House Institution also in October Measles broke out and continued in increasing numbers till the end of the year, in December Dysentery returned and presented us with 23 cases at Silverton House and 47 elsewhere. But why, with a decreasing population, are infectious diseases cases so much more numerous than in the early decades of the century? In 1906 there were 63 for the year, in 1910, 16; in 1920, 22; in 1930, 44; in 1940, 179; and in 1950, 191 (Incidentally in 1922 3 cases were notified for the year, 2 in 1923 and 6 in 1924)

Child-life has changed vastly during these years. The picture house has penetrated to all but the smallest villages. Children must "go to the pictures" once, twice or possibly three times a week, and there they sit for two hours in a stuffy, smoky atmosphere, and an atmosphere that is often filthy in more senses than one. Should any one child in the hall be conveying the germs of infectious disease what an opportunity this offers for dissemination of those germs.

Then in many rural areas we have the school-bus operating. Daily it does its round, picking up children in the hamlets and at the lane ends, like so many milk cans being conveyed to the milk depot, but with this difference - the milk cans leave in the morning filled and return empty, whereas the school children leave more or less filled and return stuffed - not with the three R's but with the four M's, Meals, Milk and not infrequently Measles and Mumps. Surely there is a greater chance of catching infection in congregations of children from several districts than in a school composed of children from a single village and its immediate neighbourhood. Here then, is another probable cause of the increase of infectious disease. For this reason, and many others, I think the policy of closing small rural schools is a great mistake, unfair to the parents, the children and the village itself. Indeed the children are being nationalised and the parents can only look-on. If economy be the object it would be interesting to know how much is saved, after accounting for everything. Transport of school children costs Northumberland over £50,000 a year. Please do not misunderstand me - I am not, in any way, criticising the teachers - indeed I sympathise with them in their extraneous duties and difficulties but I am deploring, from a public health point of view a system which offers increased facility for the spreading of infection. The only mitigating measure and it would be nothing more would be to disinfect daily every picture house and bus of every description. A suggestion which, I admit, is quite impracticable.

The one bright spot is diphtheria. This once dreaded and often fatal disease has been almost wiped out since the introduction of immunisation about 13 years ago. In this district, after some 90% of school children had been immunised in 1940 we had only 5 cases in 5 years, until in 1946 there was an outbreak, introduced from another district, in the Womens' Land Army Hostel at Thropton. For the last 5 years we have not heard of Diphtheria. The evidence of the efficiency of immunisation in preventing diphtheria is so conclusive that people who won't allow their children to be immunised should be charged with cruelty to children, or preferably consigned to a mental hospital.

(Signed) A.D. HEDLEY.

